

136A

FEE DEFICIENCY OR OVERPAYMENT

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

- ☒ Refund any overpayment to Account No. 12-0425.

Reg. No. 31053

Tel. No. 212-708-1915


SIGNATURE OF PRACTITIONER

John Richards

(type or print name of practitioner)

P.O. Address

c/o Ladas & Parry LLP
26 West 61 Street
New York, N.Y. 10023

Customer No.:



00140

PATENT TRADEMARK OFFICE

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN A SMALL ENTITY
	Claims Rema ining After Amen dment	Highest No. Pre vio usly Pai d For	Present Extra	Addit. Fee Rate OR	Addit. Fee Rate
Total	*	Minus **	=	x \$ 25	x \$ 50
Indep.	*	Minus ***	=	x \$ 100	x \$ 200
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				+ \$ 80 =	+ \$ 360 =
				Total Addit. Fee \$ _____	OR Total Addit. Fee \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 60.00
☐ Charge Account No. 12-0425 the sum of \$ _____
 A duplicate of this transmittal is attached.